



CLINICAL PSYCHOLOGY INTERNSHIP MANUAL

ROBLEY REX LOUISVILLE VAMC PSYCHOLOGY SERVICES



Robley Rex Louisville VA Medical Center

Psychology Internship Training Program

Orientation and Policy Manual

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GENERAL INTRODUCTION

Welcome to the Robley Rex VAMC Psychology Internship Program! We are excited to work with you and we hope this will be a very enjoyable and rewarding year. This manual contains information that will help you transition into our program and will serve as a reference regarding the program's policies and procedures. Please read it carefully and keep it handy for reference throughout the year. As always, feel free to contact the Internship Directors, Program Support Assistant, or any member of the Internship Training staff if you have any questions.

The Department of Veterans Affairs is divided into the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration. Our training program is part of the VHA. The VHA's mission is to provide clinical service, research, and training for the benefit of Veterans of the US military. As such, it is important to have an understanding of cultural issues related to Veterans and the military. You will learn this as a part of your training and experiences at the VA but you may wish to do some preliminary reading to acquaint yourself with certain terms and issues.

The Robley Rex VAMC covers a large geographic area that includes the Kentucky counties of Jefferson (Louisville Metro), Oldham, Trimble, Carrol, Shelby, Bullet, Spencer, Hardin, Larue, Meade, Breckinridge, Nelson, and Grayson. The Robley Rex VAMC also serves the southern Indiana counties of Clark, Floyd, Harrison, Jefferson, Washington, Scott, Jackson, and Jennings. Internship Training is centered at the VAMC in Louisville, but some of the training sites are in the local area. The VA is the largest health care system in the nation and is the largest training site for physicians, psychologists, and many other health care professions. Mental Health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among service members returning from Iraq and Afghanistan. In addition, the VA is in the middle of an ambitious agenda to define and implement state-of-the-art Mental Health care for all enrolled Veterans across all diagnoses and issues and across the life-span. This has led to a rapid expansion of employees and many new training initiatives. Telehealth initiatives are also now underway to provide specialized services to the more rural locations.

TRAINING PROGRAM ORIENTATION

Training Setting

The internship training occurs at the VAMC, and at our Community-Based Outpatient Clinics (CBOC). The VAMC provides inpatient psychiatric services, compensation and pension exams, gerontology services and the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). The CBOCs

participating in the internship include Stonybrook, Shively, New Albany, and Fort Knox. Each location provides an array of outpatient medical and mental health services. Interns will be placed at particular CBOC according to what rotation they are completing, as some rotations are located at specific CBOCs. These facilities are staffed and equipped to provide a comprehensive range of outpatient health care services, such as primary care/mental health integration, neuropsychological assessment and PTSD treatment.

Transitioning to Internship

Before coming here, most interns have had experiences juggling multiple academic, clinical, and research demands and have been responsible for setting their own schedules. Thus, it is often a notable transition to start full-time agency work where time demands tend to be more regimented. At the VAMC, there is a specific tour of duty (working hours), which is Monday through Friday 8:00-4:30 unless a specific alteration is granted in advance. Interns are expected to be on site and reachable during these hours. While we strive to make this a 40 hour per week internship, there are occasions when interns must stay late or come in early to complete their duties. This most typically involves completing clinical documentation in a timely fashion. There may also be occasions in which clinical crises require extra time.

At the same time, there is an ebb and flow to clinical work and interns sometimes find themselves with unscheduled time due to cancellations, no-shows, or fluctuations in clinic load. We encourage interns to use downtime for clinical reading, dissertation research, or other scholarly activities. VA computers and equipment may be used for this purpose but there are certain security guidelines that must be followed (e.g., no external USB drives are allowed). You are encouraged to discuss your specific needs early on so that we can arrange ways for you to complete your scholarly work within our organizational constraints.

The internship year is designed to facilitate the transition from graduate student to an early career psychologist. This can include moving from a mindset of doing what is required or good enough to doing what is best for patients, colleagues, and the organization at all times. As such, it is important to attend to professional behavior and to be prompt for meetings with staff and patients. Attention should be paid to ensure that attire is adequately professional and does not distract from clinical effectiveness. When considering attire, it is important to be aware of local norms as well as characteristics of the patient population. The way one chooses to dress outside of working hours may be quite different from optimal work attire. As a rule of thumb, anything that might distract patients or could detract from the goal of establishing a professional relationship (e.g., revealing outfits, high heels, flip flops, tight jeans, shorts, sweats, very heavy makeup) would not be appropriate for the clinical work setting.

Many graduates of internship programs report that building professional relationships, especially with disciplines other than Psychology, was one of the most important skills they developed during internship. It is helpful to start the program with the objective of fostering these connections. The internship is designed to carefully balance the training needs of the interns and the clinical needs of the Veterans we serve. It is important to remember that appropriate clinical care of patients must always be the highest priority.

Training Competencies

The Psychology Internship program at Robley Rex VAMC seeks to provide training that will allow for successful entry into postdoctoral fellowships or entry level positions in professional psychology, with a particular emphasis on VA or other complex health care systems. The program trains for acquisition of nine competencies and emphasizes broad and general practice in multiple clinical settings.

Internship training competencies are designed to build upon the basic clinical competencies acquired in graduate training. We have identified training competencies in nine areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional skills

COMPETENCY 1: Research

At the completion of training, interns should be able to use the scientific psychological literature to inform clinical practice. Specific competencies include:

- Demonstrate a scholarly approach (e.g., hypothesis testing) to clinical conceptualizations
- Display ability to utilize professional literature in formulating therapeutic interventions
- Critically evaluate professional literature for its clinical utility based on the methodological rigor, external validity, and other important factors

- Demonstrate awareness of methodological issues in performing empirically-based interventions

COMPETENCY 2: Ethical and Legal Standards

At the completion of training, interns should display awareness of and adherence to the ethical and legal standards of psychology. Specific competencies include:

- Demonstrate the ability to think clearly about ethical issues
- Exhibit knowledge of and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct
- Knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels (in addition to the APA Code)
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve them

COMPETENCY 3: Individual and Cultural Diversity

At the completion of training, interns should be able to appreciate and apply an understanding of the influence of cultural and individual differences on clinical practice. Specific competencies include:

- Demonstrate sensitivity and responsiveness to issues of individual and cultural diversity
- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Integrate awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across a range of professional roles

COMPETENCY 4: Professional Values, Attitudes, and Behaviors

At the completion of training, interns will display developmentally appropriate professional development and career management (e.g., in the application for fellowships or entry-level positions, preparation for licensure). Specific competencies include:

- Receptive to supervision and life-long learning

- Well-prepared for supervisory meetings and use supervision effectively
- Appropriately manage boundaries in all professional contexts
- Aware of own competence and limitations
- Recognize how personal characteristics impact clinical work
- Concerned for the welfare of others and their general well-being is evident in all professional contexts
- Possess an appropriate level of confidence and has a sense of self as a "Psychologist"
- Are accountable, dependable, responsible, and show initiative

COMPETENCY 5: Communication and Interpersonal Skills

At the completion of training, interns will display diplomatic and effective interpersonal skills. Specific competencies include:

- Interact effectively with psychology staff and program leadership
- Oral, nonverbal, and written communication is clear and reflects a thorough grasp of professional language and concept
- Form and maintain productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines
- Understand diverse views in complicated interactions
- Effective interpersonal skills. Manage difficult interpersonal challenges and conflictual relationships in professional contexts
- Integrate awareness and knowledge of individual and cultural diversity in consultation and interpersonal contexts

COMPETENCY 6: Assessment

At the completion of training, interns should be able to accurately and completely assess a wide range of behavioral and emotional conditions. This requires knowledge and experience with psychopathology, personality development, cognitive disorders, contextual, and sociocultural factors. Interns should be able to tailor assessment strategies to the specific requirements of the patient's unique problems and the clinical setting. Specific competencies include:

- Diagnostic interviewing skills

- Differential diagnostic skills and knowledge of DSM-5
- Select and apply assessment methods supported by the empirical literature
- Administration/scoring of psychological assessment instruments
- Interpretation of psychological tests
- Assess risk for harm to self and others
- Clarity and conciseness of report writing
- Integration of behavioral observations, historical data, medical records, and other non-test based information
- Assessment case conceptualization
- Formulate appropriate recommendations
- Manage expected work load pertaining to assessment
- Communication of results (e.g., patients, family members, other professionals)
- Integrate awareness and knowledge of individual and cultural diversity in assessment

COMPETENCY 7: Intervention

At the completion of training, interns should be able to provide a range of individual and group psychotherapeutic interventions in multiple treatment settings and multiple modalities, emphasizing culturally-competent evidence based practice. Interns should be able to tailor these approaches to the individual needs of their patients. Specific competencies include:

- Discuss issues of confidentiality and informed consent
- Establish and maintain an effective therapeutic alliance
- Formulate a useful case conceptualization
- Effective and flexible application of therapeutic strategies informed by a range of variables including but not limited to the scientific literature, assessment findings, and diversity characteristics. This includes development of evidence-based intervention plans
- Manage expected work load pertaining to intervention

- Awareness and use of current literature and research in intervention
- Monitor or evaluate progress of intervention using appropriate measures or method
- Integrate awareness and knowledge of individual and cultural diversity in intervention

COMPETENCY 8: Supervision

At the completion of training, interns will have an intermediate to advanced level of understanding and appreciation for the supervisory process. Specific competencies include:

- Knowledge and use of theory and the scientific literature in supervision
- Working with resistance and other challenges in supervisee/audience/peers
- Provide constructive feedback/guidance to supervisee/audience/peers
- Work with boundary issues and the power differential in supervisory relationship (supervisee/audience/peers)
- Integrate awareness and knowledge of individual and cultural diversity in providing supervision (supervisee/audience/peers)
- Awareness of, and adherence to ethics in providing supervision (supervisee/audience/peers)

COMPETENCY 9: Consultation and Interprofessional Skills

At the completion of training, interns should be able to provide effective consultation services and will participate in interprofessional treatment planning within the integrated VA health care system. Specific competencies include:

- Conduct consultations with skill and knowledge
- Work with individuals of other professions to maintain a climate of mutual respect and shared values in regards to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions
- Use the knowledge of one's own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of the patients and populations served

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of illness
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable
- Integrate awareness and knowledge of individual and cultural diversity in consultation and interprofessional contexts
- Awareness of, and adherence to ethics in consultation and interprofessional contexts

Planning the Training Year

An individualized training schedule is collaboratively developed by the interns and Internship Directors, with other faculty input, based on specific interests and training needs. The goal is to develop a broad-based training experience that includes exposure to multiple clinical settings and patient populations. Faculty members in addition to the Internship Directors are available for consultation to help interns navigate the various training options. Interns are **typically** able to participate in the training activities that they desire, but the exact structure and timing of various activities must fit with the overall organizational needs of the program.

The program is organized into a general mental health clinic placement, major rotations and minor rotations. The general mental health clinic placement is a year-long experience where the intern provides general outpatient mental health care one day per week. Major rotations are two six-month placements, two days per week. Minor rotations are two six-month placements, one day per week. There may be opportunities for additional experiences that are outside of the normal rotation activities. Participation in such activities is based on individual interests and must be clearly specified and approved by the Internship Directors and the affected supervisor(s). Required and optional rotations are described below (beginning on pg. 13) and availability is subject to change.

Intern interests and priorities can change over the course of the training year and some changes in the training schedule are permissible, provided that they continue to allow for the interns to complete their required training experiences and the program has the capacity to handle the change. Interns must complete all of the activities listed below in order to obtain and demonstrate the competencies required for program completion. Interns are provided with a tracking sheet to

record these activities and will be asked to indicate on the sheet when required tasks have been completed.

Required Activities

The typical weekly expectation is for 15-20 hours of face-to-face clinical work (assessment and/or psychotherapy), including at least 8-10 hours of therapy. This should be considered an average, and interns might have assessment heavy periods in which they have fewer therapy hours. In this event, it is expected that the intern will have more therapy-intensive training activities during other rotations. Also, please note that ***all interns are required to choose an assessment rotation for at least one of their minor rotations*** in order to meet assessment training expectations. All other rotations can be therapy based.

Weekly Schedule

Between Mondays and Thursdays, interns will spend two days at their major rotation, one day at their minor rotation, and one day on the general mental health clinic rotation. All rotations are held at the main hospital campus or one of the Community Based Outpatient Clinics (CBOC). Interns will be placed at particular departments and CBOCs according to the location of their rotations. For example, the PTSD Clinical Team (PCT) Rotation is based at the Stonybrook CBOC.

On Friday mornings, interns attend Didactic Seminars from 8:00am to 10:00am. Seminar topics are provided on a rotating schedule and focus upon different clinical areas, veteran specific topics, and professional development issues. From 10:00am to 12:00pm, group supervision will be provided by two members of the Internship Committee, typically the Internship Directors. Interns are provided time to have lunch together for professional socialization and to discuss their experiences from 12:00pm to 1:00 pm. From 1:00pm to 4:30 pm, interns are given “flex time” to attend professional journal clubs and complete administrative duties, individual supervision, and/or provide more clinical care in their rotations.

Example Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8am-12pm	Major Rotation	Major Rotation	MH Rotation	Minor Rotation	Didactic Education & Group Supervision
12-12:30pm	Lunch	Lunch	Lunch	Lunch	Intern Lunch (12-1pm)
12:30-4:30pm	Major Rotation	Major Rotation	MH Rotation	Minor Rotation	Flex Time/Journal Clubs

Rotation Descriptions

Outpatient General Mental Health Clinic (*Required*)

Locations: Fort Knox, Stonybrook, Shively and New Albany CBOCs

Time Requirement: 1 day/week, full year

General mental health services (MH) are offered at all CBOCs of the Robley Rex VAMC. The internship offers training placements at four of our eight locations. These sites are Fort Knox (Fort Knox), Stonybrook (Louisville), Shively (Louisville) and New Albany (New Albany, IN). Training and experience at these sites serves to enhance the intern's working knowledge of individual, group, and marital psychotherapy. The intern will receive training and be expected to provide evidenced based psychotherapy such as Cognitive Behavioral Therapy (CBT), Problem-Solving Therapy (PST), Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), etc. Interns will also develop preliminary competence in conducting independent psychological evaluations/intakes to inform treatment planning, and in effectively communicating findings to referral sources. Supervision for this placement is provided by four psychologist, each of whom have their own specializations that are emphasized in the placement.

- Dr. Amber Penn (Stonybrook CBOC) works with a wide range of diagnoses and presenting issues, with specialty experience in the treatment of veterans presenting with anxiety, substance use, perfectionism/shame, and trauma-related symptoms. She takes a change-oriented approach to treatment, and her theoretical orientation integrates Cognitive Behavior Therapy, Dialectical Behavior Therapy, Interpersonal Neurobiology, and Compassion Focused Therapy.
- Dr. James “Jay” Pizzolato (Stonybrook CBOC) is a generalist with a specialty in health psychology and experience working with children, families, and adults. He integrates Whole Health into a biopsychosocial approach that utilizes health behavior change in collaboration with medical providers to improve psychosocial functioning. He has experience working with LGBTQ+ individuals and is an advocate for increasing awareness of this populations' unique needs.
- Dr. Charles Thomas (Shively CBOC) is a generalist who has treated patients of all ages in a variety of outpatient settings, including active duty military. His theoretical orientation integrates general systems theory, evolutionary psychology and ethology, and cognitive behavioral therapy into a biopsychosocial approach to treating individuals, couples, and families.
- Dr. Rafael Veroslavsky (Ft. Knox CBOC) is a clinical psychologist who has worked with individuals from all ages. He has worked in community

mental health, private practice, corrections, long-term psychiatric hospitals and currently in the Veteran's administration. He has, and continues to, provide therapy and psychological assessments for a wide range of presenting issues. His theoretical orientation is integrative in nature, notably Multitheoretical psychotherapy (MTP). He has extensive history of working with the Spanish speaking population as a bilingual professional.

Compensation & Pension Assessment (Minor Rotation Option)

Supervisor: Dr. Sofia Marsano

Location: Main Hospital

The Compensation and Pension (C&P) rotation offers psychology interns the opportunity to conduct forensic evaluations associated with the Department of Veterans Affairs disability claims process. C&P evaluations typically require the psychologist to (1) determine if a Veteran currently meets DSM-5 criteria for a claimed mental disorder, (2) document the impact that the diagnosed mental disorder has on the Veteran's occupational and social functioning, and (3) provide an expert statement on the relationship between a Veteran's claimed mental disorder and his or her military service. In this rotation, interns will perform medico-legal examinations under the close supervision of a licensed psychologist, learn to evaluate evidence from medical records and collateral testimony, and learn to appraise and assimilate scientific evidence to support legal opinions. At the beginning of the rotation, interns will complete online Compensation and Pension Examination Program (CPEP) certification courses. At the conclusion of this rotation, interns will demonstrate an understanding of the differences between the forensic and clinical approach to examinations, a working knowledge of relevant legal statutes that guide the VA's Compensation and Pension system, competence in using both structured and unstructured clinical interviewing, proficiency with differential diagnoses using DSM-5 criteria, and competence in administering and interpreting symptom validity tests and other psychological measures. Interns will gain a deeper understanding of the role that the C&P process plays in the lives of many Veterans, not only in the distribution of financial benefits and medical care, but also in its relationship to Veterans' own sense of meaning and identity related to their military service. This rotation will take place at the Medical Center in Zorn Avenue, and supervision will be provided by Dr. Sofia Marsano.

Health Promotion & Disease Prevention (HPDP; Minor Rotation Option)

Supervisor: Dr. Clare Wahl

Location: Building 4 of Main Hospital, although intern may visit other CBOCs as needed

HPDP is a primary care prevention program engaged in facility level environmental and policy action, support of clinical care through staff training and consultation, outcome research, quality improvement, and organizational alignment, and provision of direct clinical services utilizing evidence-based protocols in health psychology. This program is designed to increase awareness of 9 healthy living messages among VAMC staff and patients, with the primary goals of engaging veterans in their own health, ideally prior to the development of chronic diseases.

The clinical services provided through HPDP are all health psychology programming and the internship rotation will focus specifically on smoking cessation as chronic disease management and prevention. Learning and practicing Motivational Interview skills is integral to the clinical services provided. Interns will engage in outreach via telephone with veteran who have expressed possible interest in quitting tobacco. Interns will provide ongoing group and individual health coaching via video telehealth for tobacco cessation.

The position will also expose the student to organizational & health psychology, through development of health promotion and disease prevention initiatives. These include training medical clinicians in motivational interviewing, developing wellness initiatives, and supporting primary care administration and other health/wellness programs. The rotation focuses heavily on networking with interdisciplinary professionals in the medical field.

Geriatric & Extended Care (GEC) Service (Minor Rotation Option)

Supervisor: Dr. Stephanie Roby

Location: Main Hospital

A rotation in the GEC service provides a unique training experience as interns will have an opportunity to train with licensed psychologists (currently five) specialized in addressing psychological concerns of older Veterans, their families and caregivers. Psychology interns will participate in a truly interdisciplinary training model in a service with diverse trainees including medicine fellows, residents and students as well as physical therapy, occupational therapy, pharmacy, nutrition, recreational therapy, social work and mid-level practitioners. In this setting, individuals grow to understand the dynamics of effective team collaboration. In Home Based Primary Care (HBPC), interns will collaborate with full interdisciplinary teams in providing care to frail, elderly Veterans within the home environment. Interns will have the opportunity to accompany psychologists as they conduct initial assessments and interventions with HBPC patients.

In Hospice and Palliative Care (HPC), interns will gain experience as a consultant to medical providers of Veterans with a variety of life-limiting illnesses. HPC is a fast-paced service necessitating quick processing of information, flexibility, and efficient communication with Veterans, families and health care personnel. Interdisciplinary HPC teams focus on quality of life improvement through

recommendations to medical providers. Common psychological concerns include depression, anxiety, sleep disturbances, and cognitive functioning. Consultations are completed via inpatient settings (at the 110bed acute care floors and/or ER) or through the Outpatient Palliative Medicine Clinics (located in Oncology, Pods D and C, and/or in the community). Interns will have an opportunity to gain experience with psychologists as they complete HPC consults. Interns will also participate in daily multidisciplinary Palliative Care and Hospice rounds. Lastly, Interns will be able to gain experience with Veterans and families on the inpatient Hospice Unit.

GEC offers interns potential additional outpatient experiences including the Cognitive Disorders Clinic (major rotation only) and Pain Clinic. The Cognitive Disorders Clinic is focused on Veterans with mild and major neurocognitive disorders. Psychologists conduct brief cognitive assessments to establish an initial diagnosis and/or confirm previously established diagnoses. Reassessments are conducted to stage disease progression. Interns will have an opportunity to gain experience with assessment and report write-up as well as collaboration with medical providers.

Neuropsychological Assessment (Minor Rotation Option)

Supervisor: Drs. Patrick Logan and Melissa Boyles
Location: Stonybrook CBOC

Neuropsychological assessment is provided through a consultation service, which receives referrals for comprehensive evaluation from providers throughout the medical center. Most consults come from primary care, neurology, mental health service, geriatric extended care, and polytrauma. Veterans of all ages, with a wide variety of neurologic, general medical, and mental health conditions are assessed. Common presentations include dementia, movement disorders, cerebrovascular accidents, mental health conditions, mild traumatic brain injury, and substance use disorders. Typically, referrers are requesting clarification of diagnosis and etiology for cognitive and behavioral symptoms, identification of current functional level, potential for recovery or decline, and recommendations for treatment, functional compensation and caregiver needs. Most Veterans and their families also participate in feedback sessions during which the evaluation results, conclusions and recommendations are explained. Psychoeducation is often provided on related terms (e.g., dementia vs. Mild cognitive impairment), various etiologies of neurocognitive decline (e.g., Alzheimer's disease, microvascular ischemic disease), and the potential cognitive effects of sleep disturbance, depression, anxiety, chronic pain, or medication effects.

The internship rotation provides interns the opportunity to learn the fundamentals of neuropsychological assessment, and gain experience with providing patient and family education and feedback. Interns will become familiar with the unique presentations of different neurocognitive disorders, and proficient at identifying

the appropriate instruments to clarify diagnosis and functioning levels. Focused attention will be made on learning accurate administration, scoring and interpretation of neuropsychological measures, particularly for those with little to no neuropsychology experience. Additionally, interns will be trained in completing focused record review and diagnostic clinical interviews of individuals presenting for assessment, as well as their accompanying family members. Developing report writing skills for communication with interdisciplinary staff will be carefully trained. In this rotation, interns will receive close and extensive supervision on each case they complete, with growing autonomy as skills are demonstrated. When trainee interest and scheduling permits, a psychological/neuropsychological assessment didactic is held once a month, with supervisors, interns, and practicum students participating through presentation of topics, articles and case studies.

This rotation can be selected for either a major (2 day/week commitment for 6 months) or a minor (1 day/week commitment for 6 months). Prior experience with neuropsychology is not required. Novices can complete a minor rotation with the goal of reaching an introductory level of proficiency. Those with prior neuropsychology experience can choose a major rotation, intended to train them in reaching an intermediate level of proficiency. For individuals who hope to pursue a career in neuropsychology, a major and a minor rotation can be arranged, dependent upon supervisory staffing and other training demands. No intern will be granted two major rotations in neuropsychology.

Primary Care Mental Health Integration (Major Rotation Option)

Supervisors: Drs. Jenna Dickenson, Jennifer Cox, Erin Fulkerson, Megan Jablonski, Kathryn Miller, Heather Nevins-Jones, Laura Yeoman
Location: Various CBOC locations

A rotation with the Primary Care Mental Health Integration (PCMHI) team allows interns the opportunity to become an integrated member of a Patient Aligned Care Team (PACT). The intern will attend team huddles, collaborate with same-day warm handoffs, and consult with PACT team members on patient treatment planning. They will provide brief therapy services, health behavior change coaching, mental health triage and crisis intervention. Interns will learn to integrate care management services into the primary care setting and will work with Veterans with a wide variety of presenting mental health issues and behavioral health topics including medication adherence, depression, substance use, chronic pain, and sleep disorders. They will train with our Health Behavior Coordinator to deliver evidence-based Smoking Cessation services and will collaborate with primary care physicians, a team pharmacist and a team nutritionist.

Psychological Assessment (Minor Rotation Option)

Supervisor: Dr. Michael Jenkins-Guarnieri
Location: Stonybrook CBOC

The psychological assessment service provides comprehensive evaluations for a wide range of referral questions and are primarily oriented towards improving care through greater patient insight, informing provider case conceptualization, and guiding treatment planning. Common referral questions include clarification of differential diagnoses, personality assessment, and evaluation of attention difficulties and potential ADHD. Psychologist on the team also complete pre-surgical evaluations as part of preparing patients for solid organ transplant (e.g., kidney, liver), stem cell transplants, and bariatric surgery. The rotation provides interns with opportunities to improve their skills in all aspects of psychological assessment, including in-depth clinical interviews, administering and interpreting broad and targeted measures, cognitive testing, and writing integrated reports. Interns will also gain experience with selecting appropriate measures and advanced interpretation of the most commonly used instruments in clinical practice, including the MMPI-2, MMPI-2-RF, MCMI-IV, and PAI. There will also be opportunities to developing skills with cognitive tests (e.g., WAIS-IV, SDMT, ACT, Stroop, CATA), from administration, select norms, to interpreting results in the context of the patient's background and contextual factors. Trainees will also deepen their skills with writing integrated reports and conducting feedback sessions following a Therapeutic Assessment model. Supervision will provide guidance following a developmental model to support interns as they grow towards increasing independence with conducting the full assessment process, incorporating a multiculturally responsive approach throughout. This experience is available as a minor rotation (1 day/week commitment for 6 months).

PTSD Clinical Team (Major Rotation Option)

Supervisors: Dr. Belinda Hansen Strum and Dr. Courtney McEuin
Location: Stonybrook CBOC

The Post Traumatic Clinical Team, located at the Stonybrook clinic, provides comprehensive, patient-centered care that emphasizes human dignity and individual strengths and differences. Specializing in the use of evidence-based treatments to reduce symptoms of PTSD, training with this team provides a thorough understanding of trauma care to include assessment/diagnosis, individual, group, and marital/family psychotherapy, medication management, and coordination with the referring clinician/team. Interns will participate in a collaborative treatment planning process with Veterans that recognizes them as educated consumers and ensures treatment plans reflect individual Veteran's preferences, needs, and values. Interns will be fully integrated in an interdisciplinary team that includes psychiatry, psychology, social work, peer support specialists and chaplaincy. Interns will work under the mentorship of a psychologist trained in Cognitive Processing Therapy, Prolonged Exposure Therapy, Motivational Interviewing and Integrated Behavioral Couples Therapy. In

addition, interns will train and facilitate groups with the multiple specialties on the team to ensure broad understanding of interdisciplinary care of traumatic reactions. Interns on this rotation will also learn the intricacies of providing telemental health treatments to rural community based clinics and Veteran's homes.

**Substance Use Disorder/Posttraumatic Stress Disorder (SUD/PTSD)
Psychologist (Major and Minor Options)**

Supervisor: Linsey R. Scott-High, Psy.D.

Location: Main Hospital, Building 24

The Robley Rex VAMC SUD/PTSD Psychologist rotation focuses on the assessment and evidenced based treatment of individuals with comorbid Substance Use Disorders and trauma disorders. During this rotation, the intern will be provided opportunities to participate in all roles of the SUD/PTSD Psychologist. This includes: participation in multi-disciplinary teams (Substance use disorder treatment program, Trauma Recovery Program, and Buprenorphine Treatment Program) where you will act as a consultant, coordinator, and collaborator between programs; answering consults from the hospital and other clinics to determine appropriate recommendations; provide trauma informed group EBT (CPT, DBT, STAIR depending on interest) in the substance abuse residential rehabilitation treatment program (SARRTP); provide outpatient evidenced based group therapy (DBT based) for Veterans with comorbid SUD and trauma disorders; provide EBT for individual and/or couple's. During this rotation, the expectation is that the intern will learn to appropriately diagnose substance use and trauma disorders, identify appropriate referrals for Veterans with comorbid SUD/trauma, and provide evidenced based therapies to Veterans. Treatment modalities that the intern will utilize throughout the rotation include Motivational Interviewing and Enhancement, Relapse Prevention, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Concurrent Treatment of SUD and PTSD using Prolonged Exposure (COPE), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT). Based on interest and case availability, they may also learn/practice Skills Training in Affective and Interpersonal Regulation (STAIR), Written Exposure Therapy (WET), Eye Movement Desensitization Reprocessing (EMDR), Collaborative Assessment and Management of Suicidality (CAMS), and Cognitive Behavioral Therapy for Insomnia (CBT-i).

Substance Use Disorders Treatment Program (Major & Minor Options)

Supervisor: Dr. Shay Kirkpatrick
Location: Main Hospital, Building 24

The Robley Rex VAMC Substance Use Disorder Treatment Program (SUDTP) consists of the Substance Abuse Outpatient Treatment Clinic (SATC), an Intensive Outpatient Program (IOP), and the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Interns on this rotation will be a part of an interdisciplinary treatment team, consisting of psychiatrists, psychiatry fellows, psychologists, a recreation therapist, social workers, nurses and addiction therapists. Interns will have an intensive training experience in the identification, assessment and evidence-based treatment of substance abuse. Interns may also conduct minor testing, participate in daily rounds and participate in treatment team meetings. Interns will lead or co-lead a variety of both educational and process-oriented groups, in one or more of our three levels of care (SATC, IOP, or the SARRTP). During this rotation interns will gain experience with CBT-SUD, Assertiveness Training, Motivational Interviewing and Enhancement, Relapse Prevention, Interpersonal Process, and Mindfulness-Based Relapse Prevention.

Supervision

Clinical supervision is the primary vehicle for experiential learning and feedback during internship. You will work with multiple supervisors throughout the year in both individual and group formats. Your supervisors will monitor your work through a number of methods, including case discussions, review of all clinical documentation, live supervision, and co-therapy. At the beginning of each supervisory relationship, you and your supervisor will discuss goals, training activities, and expectations for your supervisory experience. You and your supervisor will also discuss the process by which emergency supervision can be obtained when needed, including coverage during supervisor absences. You must be clear on supervisory coverage at all times. Your supervisor has ultimate clinical responsibility for the patients you see and, as such, must be fully informed about all aspects of the case. This is particularly true for situations that might involve a clinical crisis or a mandated reporting situation (e.g., child or elder abuse, danger to self or others). You must fully disclose issues in this regard as soon as possible. If, at any point, you feel you are having difficulty with any supervisory relationship, it is your responsibility to address this by speaking with the supervisor, speaking with the Internship Directors, or following the Grievance and Due Process policies outlined below.

The patients you work with must be informed that you are working under supervision, and they must have the name and contact information of the supervisor who is clinically responsible for the case. Doing clinical work on internship will likely involve new activities with populations you may not have worked with before. While this is very beneficial to your professional development, it may also involve feelings of discomfort. It is our hope that you will feel challenged

and ultimately proud of your accomplishments as you learn new skills and new ways of relating to this particular patient population. One of the particular areas of concern for interns can be working with difficult patients, who may bring particular challenges either due to the intensity of their emotional crisis, psychiatric symptoms, or cognitive impairments, or due to a pattern of interpersonal relating that involves aggression, boundary violations, or other dynamics. It is important to discuss such concerns openly with your supervisor and to have a collaborative alliance in addressing this.

Also, it is important to note that therapeutic relationships can and should be terminated when a clinician (staff or trainee) feels unsafe. The health care system has formal procedures (e.g., filing a disruptive behavior report) for dealing with inappropriate patient behavior. You and your supervisor can work together to come up with a plan that takes into account both the clinical needs of the patient and the organization's need for staff and trainee safety. When staff members are faced with such situations, the typical response is to consult with colleagues to determine the best course of action. Similarly, it may be beneficial for you and your supervisor to seek additional consultation from the Internship Directors or other staff members. If there is a situation in which you and your supervisor cannot come to agreement, you may follow the Grievance and Due Process policies listed below. The Internship Directors must be informed as soon as possible about any cases that involve physical contact or threats of any kind toward interns. To keep this issue in the proper perspective, it should be noted that such occasions are very infrequent and most trainees will never experience them. Because such events can occur, however, prudence dictates that everyone has a clear understanding of procedures to follow in such situations.

Other Opportunities for Professional Development

Mentoring

Mentoring is available to psychology interns as an informal way to enhance the soft skills of professional development. Mentors are selected in a tailored manner with the intern's input about areas with which they would like support. The mentor does not provide formal supervision on clinical work, or complete any evaluations of the intern. Their relationship would be flexible, based on the needs of the intern, acting as a role model, offering support & connections. This allows the intern to explore topics of professional expertise, or personal development in their future as an early career psychologist. With this enhanced care in the journey toward their career path, interns would be able to envision ways to seek collegial consultation once they move beyond the internship year.

Lesbian, Gay, Bisexual, Transgender (LGBT) Allies Program

LGBT Allies is a network of local VA employees from various services/clinics who have stepped forward as supporters of the VA's mission to provide individualized, affirming, and exceptional care to our LGBTQ+ Veteran population. Allies serve as "point people" within their services/clinics when a Veteran has a need or question specific to their area of practice or expertise and provide tailored services to this Veteran population. A couple of examples are Allies in endocrinology who have special expertise in HRT and Allies in mental health who have been trained to perform "readiness" evaluations of Veterans seeking gender-affirming procedures. Psychology interns may have an opportunity to shadow a readiness evaluation process if the opportunity arises. Allies receive updated information on care and access developments and are kept abreast of opportunities to participate in outreach.

Multicultural Issues in Psychology Journal Club

This discussion group is held on the first Friday of each month, during the intern flex time. During the meetings, attendees discuss an article or book chapter in the area of Multicultural Psychology that has been selected beforehand by one of the members of the journal club. The purpose of the journal club are the following: 1) to improve participants' understanding of how their values and biases may influence a range of clinical decisions (diagnosis, case conceptualizations, treatment approach, interactions with patients, etc.) as well as supervisory encounters with psychology students; 2) to improve participants' understanding of how their patients' various identities and cultural backgrounds may affect their access to care, treatment engagement, and experience of the healthcare process; and 3) to expose psychology interns to the numerous ways that professional psychologists can promote equity, human rights, and social justice in the communities they serve.

Psychology/Neuropsychology Case Conference and Journal Club

This didactic is held the third Friday of each month during the intern flex time. Each month, one attendee informally presents on a case(s) and a journal article that has been chosen to accompany the topic. Cases can involve general differential psychological assessment or neuropsychological assessment. Interns and practicum students are expected to present once during the year, with assistance from their supervisor, as needed. Staff and supervisors also present, and often there is an education component on classic presentation of diseases and disorders, or particularly interesting, unusual, or difficult differentials.

Intern Evaluation & Minimal Requirements

Interns are evaluated at the beginning of the training year for areas of training need and interest. They are also provided copies of all of the evaluation forms. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the intern in developing the program's competencies. The Internship Committee meets once a month and discusses each intern's progress. A written midpoint evaluation is completed halfway through each training experience in order to identify any training adjustments needed for successful completion. This process allows for analysis of performance across all supervisors and training experiences. The intern provides input regarding her/his assessment of performance during this process and receives formal written feedback.

During the summative evaluations, each of the program's nine training competencies are linked to specific behavioral competencies on the Intern Evaluation Form. Acceptable progress by the midyear evaluation is defined as receiving a rating score of "2" on every item (Regular supervision required on challenging cases/projects and in new skill areas) for all competencies/items. Any items that are scored at a "1" or lower will require formal remediation. In addition, the intern must not have engaged in any significant unethical behavior, which would lead to immediate remediation or failure of the internship.

In order for interns to successfully complete the program, by the end of the internship, they must obtain ratings of at least a "3" (Little consultation/supervision needed. Sound critical thinking/judgment evident overall) for all competencies/items. Any items that obtain ratings of "2" or lower will require remediation until that item is improved to a "3" or higher. If they cannot successfully meet the competency item by the end of the rotation, then the intern fails the rotation and must complete the rotation again. Note that this will extend the internship, without pay. If this is not done successfully, or if another rotation is failed (meaning that the intern fails two rotations), then the intern fails the internship. In addition, the intern must not have engaged in any significant unethical behavior, which would lead to immediate remediation or failure of the internship.

At the midpoint of each rotation, evaluations are completed in order to track progress and identify areas to improve. A supervisor may identify an area to formally remediate at this time, in order to ensure that the intern meets the minimum level of achievement by the end of the rotation.

All records of the intern's performance, remediation plans, supervision and feedback are kept in hard copy in locked cabinets by the Internship Directors.

Intern Feedback

Interns are encouraged to provide feedback about the program through multiple formats. The Internship Directors meets with the interns as a group weekly during seminar time to discuss training issues. Other meetings with the Internship

Directors are called as needed. Interns provide written feedback at the end of each rotation to their supervisors. They are encouraged to provide feedback to their clinical supervisors and the Internship Directors as issues and concerns are raised. At the end of each seminar session the interns provide feedback to the presenters. The interns are asked to complete a feedback questionnaire and meet with the Internship Directors at the end of the year for suggested improvements. Program graduates are surveyed annually for suggestions for improvement.

Doctoral Program Graduation

Because of asynchronies between the internship year and the academic calendar of various graduate programs, questions often arise regarding participation in doctoral program graduation ceremonies and the date that the doctoral degree is awarded. Doctoral programs accredited by APA are not allowed to award doctoral degrees in professional psychology before the full internship is completed. For our program, this occurs in late July. On occasion, if an intern has met all training competencies and has annual leave remaining at the end of the year, the certification of internship completion can occur before the scheduled end date, corresponding to the number of remaining days of annual leave. Sick leave cannot be used in this manner. Certification of internship completion cannot occur before this time. Graduate programs have varying requirements regarding participation in graduate ceremonies prior to the completion of all degree requirements. The Internship Directors will document an intern's good standing in the program when indicated to be eligible to participate in graduation ceremonies prior to internship completion.

VA EMPLOYMENT

In Processing

There are a number of formal steps (e.g., background investigation, fingerprinting, TB tests) required to bring you on as a VA employee. Once you have completed the preliminary paperwork, representatives from HR will work with you to complete these steps. For example, a standard physical exam is required, and HR will try to arrange for this to occur at a VA close to you, if possible.

Note: A certification of U.S. citizenship and, if applicable, a certification of selective service registration are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a certification of citizenship in the United States prior to beginning the internship. The form will be sent to you for completion. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly

selected personnel as well as new employees. Trainees may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are other staff members. Trainees are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

There are some computer-based training modules that must be completed before (in some cases) or shortly after starting work. Most of these are mandated VA requirements so your cooperation in completing these trainings is very much appreciated. You will be informed about the trainings, including step-by-step directions for accessing and completing them. It is sometimes required (and always a good idea) to print a copy of your certificate or save an electronic copy after completing a training course.

Pay & Benefits

The current annual intern salary is \$26,297, which is set by VA Central Office. The VA requires that payment be made by electronic deposit, so you will be asked for bank account information during Human Resources (HR) in processing on the first day. You will receive payment every other Friday, starting about 3 weeks after beginning internship. VA interns are eligible for health insurance and for life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. The Office of Personnel Management (OPM) has oversight for VA benefits and you may review those benefits at <http://www.opm.gov/healthcare-insurance/healthcare/>. HR will provide you with more detailed information about VA benefit programs during in processing.

Leave

You are entitled to 13 days of **annual (vacation) leave** per year and up to 13 days of sick leave. This leave time is accrued at the rate of 4 hours per two-week pay period. Thus, it takes time to accrue leave and this can make taking leave early in the training year challenging. If there is a compelling reason to take leave before the hours are accrued, you may be granted leave without pay. At the end of the internship you will be paid back for any accrued unused annual leave, so you will essentially get back the salary dollars that you lost during the leave without pay. Annual leave (including substitute leave without pay) must be kept to 13 days in order to fulfill the program's training requirements. If you have any need for leave related to religious activities and you have not yet accrued sufficient leave, please speak with the Internship Directors, as the program will make every effort to accommodate.

Sick leave may be used for any illness or a medical/dental appointment. Some of it may also be used for care of a family member. It cannot be used for vacations

or “personal time.” If you have a specific situation that might affect your sick leave usage, you may want to discuss this with the Internship Directors at the beginning of the year. To use sick leave, please contact the Mental Health office within two hours of your Tour of Duty, informing them of what type of leave and how many hours you are requesting. **The MH office number is (502) 287-6110.** It is also a good idea to directly inform your rotation supervisor of that shift that you will be out and any coverage needs that you may have.

Generally, all leave will be approved as long as enough has been accrued and adequate arrangements have been made for clinical work. Leave requests should be routed to the Internship Directors and the supervisor of the affected clinical activity. Leave must also be officially entered into the VA’s timekeeping system for which you will receive training during Orientation. Please note that as Person Class employees, interns are ineligible for overtime and comp time. For more information, please review the Leave Policy on the Intranet.

Federal Holidays

There are 10 paid federal holidays. When the holiday falls on a Saturday, the Friday before is typically the federal holiday. When it falls on a Sunday, the next Monday is typically the federal holiday.

Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Juneteenth	June 19
Thanksgiving	Fourth Thursday in November
Christmas Day	December 25
New Year’s Day	January 1
Martin Luther King Day	Third Monday in January
Presidents’ Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4

TRAINING RESOURCES

Network, Computer & Software Access

Interns have access to the VA’s networked PC workstations for clinical and educational activities. All clinical documentation in the VA is completed on the Computerized Patient Record System (CPRS) and interns will receive instruction in this system at the beginning of their training.

All computers have internet access and any use in support of clinical or academic activities is acceptable. The general rule is that limited personal use is acceptable though certain websites might be blocked. It is worth exercising prudence, as internet use can be monitored.

Administrative Support

In addition to the Internship training staff, there are several support staff members available to help you learn the system and to provide logistical support when needed. There will be quite a few details to attend to during the beginning of your internship (e.g., obtaining keys, I.D. badge, parking pass, scheduling clinical space assignments). Most of these will be handled during Orientation but it can often take a few weeks to get everything sorted out.

PROGRAM POLICIES

Statement of Nondiscrimination

The Psychology Internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Internship Directors and/or follow the grievance process outlined above. In addition the intern may elect to utilize the VA NCHCS EEO process (see VA policy below). The intern can request confidential assistance in accessing the EEO program from the Internship Directors, any member of the training committee, or the program support assistant.

Policy on Psychology Trainee Self Disclosure

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the Louisville VAMC System are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the

supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience.

Intern Grievance Policy

Purpose: To provide an effective and consistently-applied method for an intern to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Internship Directors, Associate Chief of Staff for Mental Health, Chief of Staff) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal.

It is the training program's policy to be responsive to the interns and their concerns. Therefore, interns may use the process described below for the resolution or clarification of his/her grievances. The Director of Training is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy.

Process:

A. All training staff and interns are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.

B. Interns should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).

C. In the event that interns do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Internship Directors for assistance in resolution. Minor grievances processed in this manner are considered informal.

D. An intern may choose to file a formal grievance at any point. The grievance must be presented in writing to the Internship Directors. The submission of the formal grievance should include (if applicable):

1. The grievance and the date when the incident occurred
2. Suggestions on ways to resolve the problem
3. Information regarding any previous meetings to attempt to resolve the grievance

E. If the grievance is against the Internship Directors, the intern can file the grievance with the ACOS/MH.

The program support assistant or any of the training faculty members can assist the intern in filing this grievance with the ACOS/MH.

F. Formal grievances will be presented to the Internship Committee (IC) for resolution. Interns may present their grievance directly to the IC. The intern may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Internship Directors or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated. Resolution may involve the Director of Training from the intern's graduate program.

G. Any formal grievance and its resolution will be documented and copies forwarded to the Director of Training from the intern's graduate program.

H. If adequate resolution cannot be achieved through this process, or interns wish to take the grievance outside of the existing training program structure, they may appeal directly to the ACOS/MH for resolution. The ACOS/MH will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program support assistant or any of the training faculty members can assist the intern in communicating with the ACOS/MH.

I. As part of the due process procedure followed by the IC, interns may appeal any formal action taken by the IC against their program status. Interns appeal first to the body itself (see item F above). This appeal is made directly by the intern (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.

J. If the intern is not satisfied with the result of their appeal, the intern may appeal directly to the ACOS/MH. After consideration, the ACOS/MH has the discretion to uphold, or overrule formal action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Internship Directors, the intern, and supervisors shall negotiate an acceptable training plan (in consultation with the Director of Training from the intern's graduate program). Should the ACOS/MH uphold the decision of the committee, the intern may appeal this decision to the Chief of Staff, who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.

K. Specific questions regarding this policy should be directed to the Internship Directors.

Remediation, Due Process, and Intern Termination

The goal of the program is to successfully graduate interns into a career in professional psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the intern, supervisor, and Internship Directors. When necessary, the Director of Training from the intern's graduate program is notified and provides assistance in designing remedial efforts. The Internship Directors are responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy as described below:

Process:

A. Supervisors are responsible for monitoring trainee's progress in achieving the specific training competency, providing timely feedback to interns, and developing and implementing specific training activities for ensuring intern professional growth and development. Supervisors are responsible for communicating about intern's performance to the Internship Directors.

B. Interns are responsible for adhering to training plans.

C. Progress and performance within the internship program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to interns about performance and identify areas requiring additional growth. Supervisors and interns agree on training opportunities and experiences to meet the program's and intern's competency.

D. The intern's progress is tracked monthly by the Internship Directors.

E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Internship Directors and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the intern, who has opportunities for input. The plan is provided in written form to the intern.

F. Performance on the remediation plan items is assessed frequently. If performance is not adequately improving after one month, the intern may be

placed on probation for a period of one to three months. During this time, heightened oversight and assessment of the intern's performance occurs and significant effort is made to help the intern remediate. The intern is provided with written feedback regarding whether the remediation plan items have been adequately resolved. The Director of Training from the intern's graduate program will be included in all subsequent decisions regarding the intern.

G. If the intern has progressed satisfactorily after the probationary period, the intern will be formally re-instated. If performance has not sufficiently improved, but the intern is making progress, the probationary period may be extended. If the intern fails to progress, termination from the program may be considered. The intern is provided with written feedback regarding his/her performance as it relates to probationary decisions.

H. Formal actions (academic probation or dismissal) must receive a majority vote by the Internship Committee. Prior to any vote on formal actions, the intern is afforded the opportunity to present his or her case before the training body that will be deciding the intern's status (see also Grievance Policy, section F above). The intern may invite a staff member of his/her choice to provide advocacy and emotional support.

I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the intern's professional performance.

J. Specific questions regarding this policy should be directed to the Internship Directors.

VA EEO Policy EEO, Diversity, and No FEAR Policy Statement

Department of Veterans Affairs (VA) Secretary's Equal Employment Opportunity (EEO), Diversity and Inclusion, No FEAR Act, and Whistleblower Protection Policy Statement

VA is committed to ensuring EEO, promoting workforce diversity, workplace inclusion, and constructively resolving conflict to maintain a high-performing organization in service to our Nation's Veterans. We will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, diversity and inclusion, and No FEAR-related workplace policies.

EEO and Prohibited Discrimination

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination. Employees may also report allegations to their immediate local facility EEO program manager or a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process or the Merit Systems Protection Board (MSPB) as appropriate. While an allegation of discrimination may be raised through these additional avenues, this action does not constitute initiation of an EEO complaint with an EEO counselor through the Federal sector EEO complaint process, and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

Complaints of discrimination filed on the basis of marital status or political affiliation may be investigated as prohibited personnel practices and are under the jurisdiction of the MSPB or the Office of Special Counsel (OSC). Complaints filed on the basis of parental status may be processed through VA's internal complaints process. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated against based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

Conflict Management and Alternative Dispute Resolution

Workplace conflict is often the result of miscommunication and creative tension in the organization. If properly managed, it can yield positive improvements to business processes and the organizational climate. It is important we maintain an organizational culture in VA that does not suppress creative conflict or suppress constructive debate and dissent. To maintain a respectful, productive, and effective work environment, it is VA's policy to address and resolve workplace disputes and

EEO complaints at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation, facilitation, and conflict management coaching to assist parties in constructively resolving disputes. ADR involves a neutral third party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaborative solutions. Employees and supervisors are encouraged to consult their ADR program manager or VA's Workplace ADR program for guidance and assistance in resolving workplace disputes of any kind.

Prohibited Personnel Practices

The Civil Service Reform Act of 1978, as amended, protects Federal Government applicants and employees from "Prohibited Personnel Practices" including discrimination, coercion, intimidation, preferential treatment, and other prohibited practices in violation of merit systems principles. Under the law, OSC will investigate and take action to correct prohibited conduct. Injured persons may bring actions before the MSPB, if OSC declines to act. Individuals interested in more information should visit: <http://osc.gov/ppp.htm>.

Reasonable Accommodations

VA is committed to the employment and retention of individuals with disabilities. To that end, VA will vigorously enforce Sections 501, 504, 505, and 508 of the Rehabilitation Act of 1973 as amended, which mirror the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008. This includes maintaining accessibility of electronic and information technology to individuals with disabilities. All Federal employees and members of the public with disabilities must have access to and use of information and data, comparable to that of employees and members of the general public without disabilities, unless an undue burden would be imposed on the agency.

An important component in hiring and retaining individuals with disabilities is the provision of reasonable accommodations to employees and applicants on the basis of disability in accordance with law. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from immediate supervisors. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Handbook 5975.1. VA has also established a centralized reasonable accommodations fund to support requests for accommodation that may not be otherwise funded. Individuals interested in more information should contact the Office of Diversity and Inclusion.

In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation from their immediate supervisors. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

Workplace Harassment

Workplace harassment is a form of unlawful employment discrimination, and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with VA is prohibited. Title VII prohibits offensive conduct, such as ethnic slurs, that creates a hostile work environment based on national origin. Employers are required to take appropriate steps to prevent and correct unlawful harassment. Likewise, employees are responsible for reporting harassment at an early stage to prevent its escalation.

Sexual harassment is a form of workplace harassment that is prohibited and will not be tolerated in VA. Analogous to other forms of workplace harassment, it involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of one's employment; (2) submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or (3) such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

Unlawful harassment extends to harassing comments posted on social media, such as Internet sites. It is the duty of an employer to protect its employees from unlawful harassment, if there is a nexus with the workplace. This duty is unaffected by the location where harassment occurs, on or off the worksite, including in cyberspace. The duty remains the same--supervisors must intervene and take prompt and effective corrective action to end the harassment.

Supervisors and employees bear responsibility in maintaining a work environment free from discrimination and harassment. Employees must not engage in harassing conduct, and all employees should immediately report such conduct to their supervisor, another management official, collective bargaining unit, Employee Relations (ER), Labor Relations (LR) Specialists, or ORM, as appropriate. If an employee brings an issue of harassment to a supervisor's attention, the supervisor must promptly investigate the matter and take appropriate and effective corrective action. Allegations of discrimination and harassment will be taken seriously and appropriate corrective action – up to and including termination – will be taken, if allegations are substantiated. Supervisors are strongly encouraged to seek guidance from their local EEO manager, ORM, ER and LR staff, or the Office of General Counsel when addressing issues of discrimination or harassment.

Workplace Violence and Bullying

Workplace violence, the threat of violence, and/or bullying of workers are strictly prohibited. This type of prohibited behavior can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults. "Bullying" conduct constitutes fighting, threats, and intention to inflict harm, or abusive, offensive, unprofessional, intimidating, slanderous, malicious, derogatory, or otherwise inappropriate or unacceptable language intended to degrade or humiliate a particular person or group of people. Bullying and workplace violence are violations of VA's policy and will not be tolerated. Any employee who is subject to bullying behavior or potential workplace violence should immediately report the matter to his or her supervisor or another appropriate official.

VA's Office of Occupational Safety and Health under the Office of Administration is responsible for providing oversight of VA's Occupational Safety and Health and Workers' Compensation programs in support of VA's Designated Agency Safety and Health Official. Violence in the workplace is an occupational safety hazard citable under Department of Labor's Occupational Safety and Health Administration standards and under VA Directive 7700. Under Secretaries, Assistant Secretaries, and other Key Officials are required to implement a violence prevention program.

Language Usage

VA recognizes and respects the right of employees who speak languages other than English in the workplace, outside of the performance of their work duties. Employees may speak another language when the conversation is not related to the performance of their duties; for example, when they are in the break room or making a personal telephone call. Circumstances in which an English-only rule may be justified include: communications with customers or coworkers who only speak English; emergencies or other situations in which workers must speak a

common language to promote safety; cooperative work assignments in which the English-only rule is needed to promote efficiency. Even if there is a need for an English-only rule, Supervisors may not take disciplinary action against employees for violating the rule unless VA notified workers about the rule and the consequences of violating it.

The Equal Employment Opportunity Commission has stated that rules requiring employees to speak only English in the workplace violate the law unless they are reasonably necessary to the operation of the business. A rule requiring employees to speak only English in the workplace at all times, including breaks and lunch time, should be limited to the circumstances in which it is needed for the employer to operate safely or efficiently.

No FEAR Act/Whistleblower Protection

It is imperative that all VA employees, supervisors, and officials understand the protections afforded by The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) and the Whistleblower Protection Act. The No FEAR Act protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistleblowing activity. The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment for reporting a violation of law, rule, or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and special danger to public health or safety. Retaliation against individuals for whistleblowing, opposing discrimination, or participating in the discrimination-complaint process is unlawful and will not be tolerated. This includes complainants, witnesses, and others who provide information concerning such claims.

The Whistleblower Protection Enhancement Act of 2012 amended the law regarding whistleblowers' rights by: (1) making a whistleblower's oral disclosures legally sufficient; no longer must a disclosure be in writing; (2) making disclosures that fall within the whistleblower's job duties an eligible basis of a whistleblower claim; (3) strengthening anti-retaliation restrictions; (4) allowing damages that could be obtained by a whistleblower to include consequential damages such as emotional distress; and (5) establishing a 2-year trial period for these provisions. Avenues of redress available to address claims of reprisal for whistleblowing include local Congressional representatives, the MSPB, and the OSC. VA will not tolerate violations of the spirit or letter of these Federal statutes.

Every VA employee is responsible for safeguarding the privacy of Veterans and other individuals served by VA and for complying with laws that protect patient health information and other sensitive personal information. Be advised that a whistleblower disclosure of information is protected only if the release is specifically permitted by all applicable confidentiality provisions. Wrongful disclosure of sensitive personal information, such as medical or personnel records,

may be subject to civil and criminal penalties as well as disciplinary or other adverse action.

Uniformed Services Employment and Reemployment Rights Act of 1994

An employee has the right to be reemployed in his or her civilian job, if he or she leaves a civilian job to perform service in the Armed Forces, Reserves, National Guard, or other "uniformed services" as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. §§ 4301 – 4335). USERRA ensures that persons who serve or have served in the uniformed services: (1) are not disadvantaged in their civilian careers because of their service; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. Individuals interested in more information should visit: <http://www.osc.gov/outreach.htm>.

EEO, Diversity, and Conflict Management Training

VA is committed to educating its workforce on its EEO-related policies and protections on a regular basis to maintain a discrimination-free workplace. To that end, VA requires that all employees take mandatory Workplace Harassment Awareness/No FEAR Act training in the Talent Management System (TMS Item No. 8872) within 90 days of their initial hire and every 2 years thereafter. This training is available to all employees through VA's TMS. Managers and supervisors are also required to take mandatory EEO, Diversity, and Conflict Management Training (TMS Item No. 1328672) every 2 years. This training is mandatory for all senior executives, managers, and supervisors. Both courses are available online at the following link: https://www.tms.va.gov/learning/user/deeplink_redirect.jsp.

Diversity and Inclusion

VA must cultivate an inclusive work culture and create an environment that reflects the diversity of our increasingly global community. We must leverage the diversity of our workforce and empower all of our employees to contribute to VA's noble mission. Inclusion is the means by which we drive employee engagement and empower all of our human resources by enabling their full participation in the mission and protecting their voices. Diversity and inclusion are the cornerstones of a high performing organization. They are more than legal or social imperatives in this millennium; they are business imperatives essential to providing the best public service. We all share the responsibility to ensure we embed the complementary principles of equity, diversity and inclusion throughout VA. I encourage all VA employees to actively embrace these principles in all that we do to deliver the best care and services to America's Veterans.

References and updates to the VA's EEO policy can be found here:

<http://www.diversity.va.gov/policy/statement.aspx>

PROGRAM CONTACT INFORMATION

Finally, we would like to again welcome you to the internship program. There is a lot to learn about our system, so please let us know as you develop questions. We are hopeful and confident that you will soon get your bearings and will find this to be an exciting, valuable, and supportive training experience. One of the greatest joys of internship training is developing long-term relationships with our current interns and graduates as they progress in their professional development. We look forward to starting this process with you. Please feel free to send any questions to the Internship Directors at the contact information below.

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COMMISSION ON ACCREDITATION INFORMATION

Questions related to the program's accreditation status should be directed to the Commission on Accreditation (CoA).

Office of Program Consultation and Accreditation
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Washington, DC 20002-4242
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